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ABSTRACT

The focus of education today is on producing graduates who can function competently in the real life work situation, thus challenging teachers to produce students who are self-directed and self-motivated lifelong learners. The clinical contract is an effective learning strategy in aiding students to become more self-directed and confident. In using a contract, the teacher becomes a facilitator focusing on what the student needs to learn rather than on what is to be taught. The teacher identifies basic competencies in knowledge and skills and then works with the student to identify learning strategies and criteria for evaluation; the end result is a binding contract for both parties. Students actively share the responsibility for planning and carrying out a learning experience, and perceive their success or lack of it to be determined by their ability to accomplish objectives. The contract is composed of three parts--the competency, the learning strategies, and the evaluation criteria--and is developed within a few class days. The student negotiates with the teacher for an A, B, or C grade with C being the minimum criteria for a particular competency. During mid-semester the student may renegotiate for a grade or develop alternate learning strategies. At the end of the semester the student presents evidence of attainment to the faculty facilitator. (DJR)

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"The Contract- An Individualized Approach to Competency-Based Learning and Evaluation"

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The Clinical Contract -
An Adult Learning Strategy

The focus of education today is on producing graduates who can function competently in the real life work situation. With the explosion in new high technology and rapid advances and changes in science, it is no longer possible to teach students all the advanced knowledge and skills in a particular field. The challenge for the teacher today then is to produce students who are self directed and who are self motivated life long learners.

With this focus in mind, the teacher becomes a facilitator of learning with the focus on what the student needs to learn rather than on what is to be taught. Learning becomes an active,creative process in which the teacher, as a learning guide, identifies basic competencies in knowledge and skills. The teacher and student then work together to identify the learning strategies and criteria for evaluation. The end result of this process is that students view learning as an exciting process. They are actively sharing the responsibility for planning and operating a learning experience and have a feeling of commitment toward it. The learners perceive the goals of the learning experience to be their goals and their success or nonsuccess to be determined by their ability to accomplish objectives.

The clinical contract is a learning strategy which allows the student and faculty to identify both learning strategies and criteria for grading of C, B, or A. C is the minimum criteria the student must accomplish to meet the standard for a particular competency. The contract is participatory in that the student negotiates with faculty, with the end result of a binding contract for both parties.

The Role of the Teacher and Learner

Initially, the teacher tries to set a learning environment based upon mutual trust and respect, mutual helpfulness and freedom of expression. During the first few class days the teacher outlines the learning competencies and diagnoses the gap between the expected minimal level of performance and the learner's present level of performance. As a co-learner in the spirit of mutual inquiry the teacher contributes his resources as both the student and teacher formulate learning objectives and strategies to attain them. As the student and teacher work together, the teacher shares his expertise about the available resources or options and assists the learner to decide among these options. Whenever possible the teacher helps the student to use their past experiences as resources for learning and tries to make the new learning meaningful and practical. After the students have identified learning strategies, the teacher and student develop mutually acceptable criteria and methods for measuring learning outcomes.

The Clinical Contract

The clinical contract is composed of three parts: the competency, the learning strategies and the evaluation criteria.

The Contract

1. Requires the student to be self-motivated and self-directed,
2. Identifies learning outcomes, resources, strategies.
3. provides criteria and means for validating that learning has taken place,
4. specifies the objectives, goals of learning, and competencies the student will attain,
5. specifies who will do the evaluation and at what time during the learning experience.

Design for Implementing the Clinical Contract

1. Identify the theoretical basis for performance. Develop a comprehensive set of specific goals and behavioral objectives which are performance based. Develop judgmental criteria for acceptable levels of performance behaviors for each of these objectives. Criteria should be realistic and able to be accomplished by the student within the constraints of the teaching situation.
2. Identify competencies the student must perform to complete the course satisfactorily and at what performance level. Competencies should be derived from course objectives and include knowledge, performance, and attidudinal behaviors.
3. Diagnose the student's entry behavior.
4. Student and faculty jointly design the clinical learning plan.
5. Student and faculty identify criteria which will validate evidence of clinical learning.
6. Student presents evidence of learning, facilitator assigns grade.

Within the contract content, the teacher and student:

1. Program competency
   A. What performance criteria is minimum level for passing?
2. Behavioral objectives
   A. Are they clear and concrete?
   B. Do they describe what the individual is undertaking to learn?
   C. Can they be accomplished? Can the accomplishment be measured?
3. Learning strategies
   A. What are the resources, are the methods and techniques proposed for making use of the resources effective? What are the learning activities?

4. Accomplishment

   A. Is the evidence readily measurable and defined?

   B. Is the evidence convincing?

   C. Is the criteria clear, relevant, and appropriate?

5. Evidence of accomplishment

   A. Is the differentiation between C level, B level, A level objectives reasonable?

   B. Does C level reflect minimum expected competency?

The clinical contract is developed and finalized within the first few class days. The student negotiates with the teacher for an A, B, or C grade based upon identified outcome criteria for each of these grades. About mid-semester the student is given the opportunity to renegotiate for a grade or develop alternate learning strategies. At the end of the semester the student presents evidence of attainment to the faculty facilitator.

Conclusion

As I have used the contract in my teaching practice, I have found that students are initially uncomfortable with settings goals and identifying learning experiences. As they become more self-directed and gain confidence and trust, they enjoy the experience. Most of the students feel as if this is truly an adult learning experience.

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